

BUILDING PERMIT # _____
RECEIPT # _____

RUTHERFORD COUNTY BUILDING AND CODES DEPARTMENT

One Public Square South, Room 101
Murfreesboro, TN 37130

Telephone: (615) 898-7734
Fax: (615) 898-7941

APPLICATION FOR ELECTRIC RELEASE ONLY

*If any owner/contractor requests a certificate of occupancy prior to completion/acceptance of project, this Agreement must be signed prior to the issuance of the conditional use of Occupancy. By signing this Agreement and by making the required deposit, the general contractor or owner, and depositor agree that the conditions will be corrected/completed within the time specified. **In the event the conditions are not corrected/completed within the time specified, or if the structure is occupied without approval, the deposit will not be refunded.** Forfeiture of the deposit does not constitute authority to violate or to set aside any provisions of the adopted codes or ordinance of Rutherford County. The Permit holder may be cited to General Sessions Court for failure to comply with these provisions.*

It is the responsibility of those signing the agreement to request a re-inspection when conditions are corrected/completed or conditional use of occupancy is needed.

Project Address: _____

Inspector: _____

Location: _____

Issue Date: _____

Owner: _____

Applicant phone: _____

Contractor: _____

Refund to: _____

Condition(s): _____

DO NOT OCCUPY! – ELECTRIC RELEASE ONLY!

*** TEMPORARY FINAL OR FINAL BUILDING INSPECTION MUST BE COMPLETED PRIOR TO OCCUPANCY.**

DEPOSIT WILL NOT BE REFUNDED IF STRUCTURE IS OCCUPIED!

[] Yes [] No Building approved for occupancy prior to final inspection. See Attached Inspection.

DEPOSIT AMOUNT REQUIRED: \$ _____ + \$85 processing fee. TOTAL DUE: \$ _____

****If the work is not complete by the completion date requested I understand I will forfeit this deposit.**

****Completion Date Requested: _____**

Signature of Contractor/Owner: _____ CODE OFFICIAL APPROVAL _____